

## **GRANT APPLICATION**

DATE: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

NAME OF TRAINING/EQUIPMENT FUNDING REQUESTED:

\_\_\_\_\_

Provide a brief description and need for Training/Equipment (use reverse side if necessary).

Has this program/equipment previously been requested through the city budget? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list the most recent date of submission and result of that request. \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

What objectives will be accomplished if the funding is granted?

\_\_\_\_\_

Please list or attach an itemized list of expenses or quote from a vendor on their letterhead.

Has your commanding officer approved this request? \_\_\_\_ Yes \_\_\_\_ No

Name of commanding officer: \_\_\_\_\_

Signature of commanding officer: \_\_\_\_\_



EVANSVILLE  
POLICE DEPARTMENT  
FOUNDATION

P.O. Box 3114  
Evansville, IN 47708  
812-436-4030  
[www.epdfoundation.org](http://www.epdfoundation.org)

***This application may be mailed to the Foundation address, ATTN: Grant Application or placed in the EPD Foundation mail drop in the Record Room.***